

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Future45</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00574533		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Red Eagle Media Group</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>02 / 15 / 2016</b>		
Mailing Address <b>815 Slaters Lane</b>			Amount <b>29650.00</b>		
City <b>Alexandria</b>		State <b>VA</b>	Zip Code <b>22314</b>		Transaction ID : <b>SB.22</b>
Purpose of Expenditure <b>Media placement</b>		Category/Type <b>004</b>		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>02 / 16 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Red Eagle Media Group</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>02 / 20 / 2016</b>		
Mailing Address <b>815 Slaters Lane</b>			Amount <b>2512.00</b>		
City <b>Alexandria</b>		State <b>VA</b>	Zip Code <b>22314</b>		Transaction ID : <b>SB.23</b>
Purpose of Expenditure <b>Media placement</b>		Category/Type <b>004</b>		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>02 / 19 / 2016</b>	
Name of Federal Candidate <b>Hillary Clinton</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>32162.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Maria Wojciechowski</u>			Date <b>04 / 15 / 2016</b>		

[Electronically Filed]